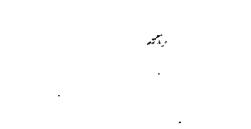
MISSOURI STATE BOARD OF HEALTH Do not use this space. Y. PHYSICIANS should state CUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 13121. PLACE OF County Registration District No File No..... Primary Registration District No. Registered No..... Residence No... (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred mae How long in U.S., if of foreign hirth? mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WITH UNFADING INK --- THIS 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) cause of death and related causes of importance were as follows: 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc...... 9. Industry or business in which work was done, as sitk mill, saw mill, bank, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this year).... occupation..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 14. BIRTHPLACE (CITY OR TOWN) What test confirmed dispression Was there an autopsy?..... (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Where did injury occur?.... 16. BIRTHPLACE (CITY OR TOWN) (Specify city or town, county, and State) (STATE OR COUNTRY) N. B.—Every item of CAUSE OF DEATH Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT. (ADDRESS) Manner of injury 18. BURIAL, CREMATION, OR REMOVAL Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify.....



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